COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

Healthy Way LA
LOS ANGELES COUNTY

NOTICE OF ACTION
About Your Mental Health Treatment Request Denial

[Date]

[Member's Name]
[Address]
[City, State Zip]

[Treating Provider's Name]
[Address]
[City, State Zip]
[Name of Medical Home]

HWLA Member Identification #: ***[insert number]***
DMH IS #: ***[insert number]***

RE: ***[****insert type of service requested]*

(Insert name of requesting provider or medical home) has decided, after reviewing the results of an assessment of your mental health condition that your mental health condition does not meet the medical necessity criteria to be eligible for HWLA specialty mental health services because:

- ☐ Your mental health diagnosis as identified by the assessment is not covered.
- ☐ Your mental health condition does not cause problems for you in your daily life that are serious enough to make you eligible for specialty mental health services.
- ☐ The specialty mental health services available are not likely to help you maintain or improve your mental health condition.
- ☐ Your mental health condition would be responsive to treatment by a physical health care provider.

NOTE: If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TDD at (800) 735-2929.

As a DMH Healthy Way LA (HWLA) member, you have the following appeal rights:

1. You have the right to appeal this decision. That means that if you do not agree, you can have us review the decision. If you want to appeal this decision, you must ask for the appeal within **60 days** of the date of this Notice of Action letter. It can take up to 45 days for DMH Patients' Rights to decide your appeal.

   If you think that waiting this long could put your life or health at serious risk or put at serious risk your ability to get back the most function possible, ask for an expedited appeal. DMH Patients' Rights will decide an expedited appeal within 3 working days.

To ask for a regular or expedited appeal, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your appeal. You can also request your appeal by writing or sending a fax to:

DMH Patients' Rights
550 S. Vermont Ave.
Los Angeles, CA 90020
Fax: (213) 365-2481

2. You have the right to speak for yourself during the appeal or choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer or someone else**.**

3. You may send written comments, documents, records and other information about your appeal. You may also ask for a hearing in person or by telephone where you can give the reasons why you do not agree, and examine and cross-examine witnesses.

4. Except in some limited cases you will be able to review your case file before and during the appeal process.

5. If, after we make our decision, you are still not satisfied, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing only **after** you have finished the HWLA appeal process and have received a decision letter.

If you have questions, concerns, want to give information about your appeal, or want to ask for a hearing in person or on the telephone with the person deciding your appeal, call DMH Patients' Rights at (213) 738-4949, or TTY/TDD at (800) 735-2929.

This notice does not affect any other HWLA services.

Sincerely,

_____

(Name of Provider of Services or CAU Reviewer)

c: DMH Patients' Rights
Requesting Provider